

pencil, twice a day to the entire surface of the tonsil. It causes a slight irritation which lasts about half an hour, and is succeeded by an augmented secretion of mucus. Unpleasant to the patient at first, he soon gets accustomed to it; and indurations which have lasted for years give way under its use in a surprisingly short time. In all hypertrophic affections of the eye, as hypertrophic opacity of the cornea, pannus, and staphyloma, the ox-gall does good service. Either the fresh gall may be dropped into the eye several times a day, or it may be applied to it with a pencil. In various other hypertrophies, which are accessible to external applications, we may resort to it, as when they affect the ear, mouth, vagina, uterus, or skin. He suggests its employment in hypertrophy of the heart, in consequence of the remarkable power it possesses of diminishing the action of this organ.—*Med. Times and Gaz.*, Oct. 2, 1858, from *Berlin Med. Zeitung*, No. 6.

18. *Dropsy treated with Lemons.*—DR. TRINKOWSKY, a Russian medical officer, reports that in many cases of dropsy, which he has treated within the last seven-teen years, he has observed the diuretic operation of lemons in a most remarkable manner, and even where other remedies had failed.

He is in the habit of directing that a lemon, freed from its skin, should be cut in pieces and sprinkled with sugar, and eaten by the patient. The dose at first to be one lemon in the day, gradually increasing the quantity, so that in one of his recorded cases eighteen were consumed in twenty-four hours. If pyrosis be produced, magnesia is given; and if the bowels be acted on, the use of lemons should be intermitted for a day.—*Dublin Hosp. Gaz.*, Aug. 15, 1858.

19. *Relative Value of the Different Anthelmintics in the Treatment of Tænia.*—DR. PEACOCK states, that as a general result of his experience, both in public and in private practice, he prefers the oil of male fern to all other remedies, and that he holds the kouso in very light estimation indeed. It appears that of the hospital cases respecting which notes have been preserved, the fern oil was given in thirty-five. Of these, in sixteen no other remedy had been previously tried, and in this group the result was always satisfactory, the animal being expelled in a dead or dying state. In seven cases the oil was given after the partially successful use of kouso, and in all these more of the worm was brought away. In three, after partial success by pomegranate bark, the oil brought away other portions of the parasite, and in one a like result was obtained after the use of the turpentine draught. In six cases in which the oil was used, either the result was not satisfactory, or the patient did not attend again. The dose of the oil given was from half a drachm to a drachm and a half to children, and from a drachm to three drachms to adults.<sup>1</sup>

The cases in which the kameela was given are seven. In five of these no other remedy had been previously tried, and in all these portions of worm (generally quite alive) were expelled. In one the expulsion of worm was caused after kouso had been tried without effect, and in the fifth, which was under similar circumstances, a like negative result followed its use also. In two cases, after the successful employment of the kameela, the oil of fern was employed without procuring the expulsion of any more of the worm. The dose of kameela prescribed was from half a drachm to a drachm for children, and from one to three drachms to adults.

It would from the above facts appear that kameela is more efficient than kouso, but that it must rank as a vermifuge rather than a true vermicide. After the fern oil the animal is usually voided dead. An important statement with regard to the comparative value of kameela, is made by MR. HENRY CALLAWAY, formerly of Pinsbury-circus, but now a medical missionary amongst the Zulus. The ka-

<sup>1</sup> We are informed that great care is necessary on the part of the dispenser, in order to avoid disappointment in the use of the oil of fern. Its ethereal solution, which is by far its best preparation, on standing deposits its resinous principle. A prolonged shaking is necessary to secure readmixture. Unless the dispenser pay more than usual attention to this matter, the patient is very likely to get a dose which is but little more than ether.

meela is the native remedy among the Aborigines; but in a letter to the *Pharmaceutical Journal*, Mr. Callaway states, that from experience they have learned already to put much more confidence in "the white man's dose." The latter consisted of turpentine and castor oil, the time-honoured remedy among ourselves. We are not able from Dr. Peacock's cases, to institute any comparison between turpentine and the fern oil, and can only state that we believe he is supported by several other hospital physicians who have given much attention to this matter, in maintaining that the latter ought to stand *facile princeps* among our anthelmintic drugs.

As regards the economics of the question, which are important in hospital and Union practice, it will, of course, be easily granted that all things considered the most efficient remedy will probably in the end prove the cheapest. A dose of castor oil and turpentine, undoubtedly, costs far less than any of the others. Next to it comes the kousso, which has as rapidly fallen in price as it has in general estimation. The kameela is, as yet, rather expensive, though not nearly so much so as the fern oil. A full dose of the last costs eight-pence, of the kameela about four-pence, of the kousso three-pence, and of the turpentine and castor oil not more than three-halfpence.

Kuchenmeister, in his *Manual on Parasites* (Sydenham Society's edition), writes of the oil of turpentine as follows: "As has already been remarked, the touchstone of a remedy for tapeworm is not whether it expels *bothriocephalus latus* or *tænia solium*, but whether it is also capable of effecting this with *t. medio-canellata*. That oil of turpentine is efficacious in the latter case I can prove at any time; for the finest specimen of *tænia med.* that I ever saw was expelled by it. In general also it acts pretty rapidly. Lastly, it has also the advantage that it expels the worm entire." Of the kousso he writes: "For my part, I have always been more or less unlucky with this remedy. . . . I have generally seen the worm expelled in innumerable fragments. . . . I have never found the head. In one case I detected fragments in the evacuations for three months." Professor Martius, of Erlangen, who also has used kousso largely, never saw the head brought away. Of the male fern, Kuchenmeister states: "This remedy, which will always maintain its renown against the *bothriocephali*, appears hardly to maintain its reputation with regard to *tænia*." The kameela he had of course not tried.

Of the desirability of having the intestinal canal as empty as may be before giving anthelmintics, most practitioners are aware. To administer them fasting in the morning is usually thought sufficient, but in cases where difficulty has been encountered in destroying the animal it may be well, as an introductory measure, to give a sharp purgative.—*Med. Times and Gaz.*, Nov. 6th, 1858.

20. *Hysteric Condition of Joints*.—Mr. BARWELL read before the Medical Society of London (Nov. 15, 1858) a paper on this subject. These affections, the author observed, are not rare, especially amongst the more luxurious classes, and they have often been mistaken for actual joint diseases, when blisters and issues, increasing the evil have been applied, or even more heroic and disastrous treatment adopted. It must be confessed that the literature of the subject, and the cases collected, are meagre and unsatisfactory, and, therefore, this paper is intended to present a concise, yet detailed sketch of the disease, and of some new points in its treatment.

Although in a malady so Protean as hysteria, no short description of invariable symptoms can be given, yet two peculiarities may be fixed upon as especially characteristic; and these are, the absence of the ordinary signs of inflammation, and "anomaly." One may be inclined to add to these symptoms, the hysteric condition; yet, though such condition is present in many cases, it is in others quite absent, or so slightly marked as hardly to exceed the ordinary mobility of the feminine character. When hysteria breaks out in the paroxysm, it is usually satiated by that manifestation, and produces no such serious effects as a pseudo malady; indeed, the imitative tendency of hysteria is often checked by a regular fit, and a simulated disease may occasionally thus end; but, in other cases, the imitation may continue uninterrupted by any other hysteric symptom, and we are then thrown for our diagnosis upon a purely local investigation. Let us first